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Michelle R. Crosby

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.

09/608,789

Confirmation No.:

2311

Applicant

Peter TENEREILLO et al.

Filed

June 30, 2000

RECEIVED

TC/A.U.

2157

Examiner

Barbara N. BURGESS

OCT 2 2 2004

Docket No.

CISCP662

Technology Center 2100

Customer No.

26541

Title

SERVER LOAD BALANCING METHOD AND

SYSTEM

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

Sir:

The following is provided in response to the Office Action of June 17, 2004:

Listing of claims begin on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

PTO/SB/21 (08-03)

TRANSMITTAL FORM			Application Number	09/608,789				
			Filing Date	June 30, 2000	-=05"			
			First Named Inventor	Peter TENEREILLO et a	RECEIN			
to be used for all c	orrespondence after i	nitial filing)	Group Art Unit	2157	OCT 2 2			
·			Examiner Name	Barbara N. BURGESS				
otal Number of Pag	es in This Submission	18	Attorney Docket Number	CISCP662	Technology Ce			
		ENCLO	SURES (check all that apply	()				
Fee Transmittal Form		☐ Drawing(s)		After Allowance Corr Group	After Allowance Communication to Group			
Fee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences			
Amendment / Re	eply	Petition			Appeal Communication to Group (Appeal Notice; Brief, Reply Brief)			
After Final			to Convert to a onal Application		Proprietary Information			
Affidavits/de	claration(s)		of Attorney, Revocation e of Correspondence s	Status Letter	Status Letter			
X Extension of Time Request		Termina	al Disclaimer	Return Postcard				
		Request for Refund			Other Enclosure(s) (please identify below):			
Express Abandonment Request		CD, Number of CD(s)						
Information Disclosure Statement		Remarks The Commissioner is a Deposit Account 50-16		authorized to charge any addit 1652.	ional fees to			
Certified Copy of Document(s)	f Priority							
Response to Mis Incomplete Appli								
	Missing Parts R 1.52 or 1.53							
	SIGNA	TURE OF A	PPLICANT, ATTORNEY,	OR AGENT				
Firm and	RITTER, LANG							
Individual name	Cindy S. Kapla	n,	Reg. No. 40,043					
Signature	1/1K/							
Date	October 13, 2004							
			TIFICATE OF MAILING					
			he Ünited States Postal Service w 0, Alexandria, VA 22313-1450 on					
ped or printed nam	ne Michelle R. Cr	osby						
Signature		7		Date October 13, 2	2004			

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STENT & TRADE	

FEE TRANSMITTAL for FY 2003

Effective 01/01/03. Patent fees are subject to annual revision.

09/608,789 Application Number June 30, 2000

Filing Date

RECEIVED

Applicant claims small entity status. See 37 CFR 1.27

OCT 2 2 2004 Peter TENEREILLO et al. First Named Inventor Barbara N. BURGES Sechnology Center 2100 **Examiner Name** Group Art Unit

Complete if Known

TOTAL AMOUNT OF PAYMENT 110.00 CISCP662 Attorney Docket No

	METHOD O	F PAYMEN	T (check all th	at apply)				FEE C	ALCULATION (continued)	
Check Credit Card MoneyOrder Other None					3. ADDITIONAL FE				٦	
Deposit Account:					Large Ent	Fee	Fee	Il Entity Fee	4	Fee
Deposit	50.44	eeo.			Fee Code	(\$)	Code	(\$)	Fee Description	ree Paid
Account 50-1652		1051	130	2051	65	Surcharge - late filing fee or oath				
Deposit					1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Account Ritter, Lang & Kaplan LLP					1053	130	1053	130	Non-English specification	T
Name The Commissioner is authorized to: (check all that apply)					1812	2,520	1812	2,520	For filing a request for reexamination	
Charge fee(s) indicated below Credit any overpayments					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee						1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.						110	2251	55	Extension for reply within first month	110.00
FEE CALCULATION						420	2252	210	Extension for reply within second month	
1. BASIC	FILING FEE				1253	950	2253	475	Extension for reply within third month	
Large Entity	Small Entit	v			1254	1,480	2254	740	Extension for reply within fourth month	
Fee Fee		e			1255	2,010	2255	1,005	Extension for reply within fifth month	
Code (\$)	Code (\$	Fee D	escription	Fee Paid	1401	330	2401	165	Notice of Appeal	
1001 770	2001 38		filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
1002 340	2002 17		n filing fee		1403	290	2403	145	Request for oral hearing	
1003 530	2003 26	5 Plant t	filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1004 770	2004 38		ue filing fee		1452	110	2452	55	Petition to revive – unavoidable	1
1005 160	2005 80	Provis	ional filing		1453	1,330	2453	665	Petition to revive – unintentional	
	I	1 100		<u> </u>	1501	1,330	2501	665	Utility issue fee (or reissue)	
SUBTOTAL (1) (\$)0						480	2502	240	Design issue fee	
					1503	640	2503	320	Plant issue fee	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from					1460	130	1460	130	Petitions to the Commissioner	
Total Claims	Claims	= 0	below	Fee Paid	1807	50	1807	50	Petitions related to provisional applications	
Independent Claims	===	= 0	×	= 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent			× [=	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Large Entity	Small Entity		<u></u>		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
Fee Fee Code (\$)	Fee Code	Fee (\$)	Fee Descrip	ition	1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1202 18	2202	9	Claims in exc	ess of 20	1801	770	2801	385	Request for Continued Examination (RCE)	
1201 86	2201	43	Independent claims in excess of 3		1802	900	1802	900	Request for expedited examination of a	
1203 290	2203	145	Multiple deper	ndent claim, if not paid					design application	
1204 86	2204	43	original pater		Other fee (specify)					
1205 18	2205	9	**Reissue claims in excess of 20 and over original patent *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)1						SUPTOTAL (2)	
SUBTOTAL (\$)0					Reduced D	y basic F	uing Fe	e Paid	SUBTOTAL (3) (\$)110.	
**or number previ	ously paid if or	eater: For Re	issues see aho	NA.						

SUBMITTED BY Complete (if applicable) Registration No. Name (Print/Type) Cindy S. Kaplan (Attorney/Agent) 40,043 Telephone 408-446-8695 Sianature October 13, 2004

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